

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

P - 09-930447  
P - 212

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 26            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 26 minus 20 = | 6                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  | Total                            | 29    | Minus                              | .. 29 =       |
| Independent                                    | 14                               | Minus | ... 14 =                           | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    | 108    |
| X40=      |        | OR X80=      |        |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     | 818    |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  | Total                            |       | Minus                              | .. =          |
| Independent                                    |                                  | Minus | ... =                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  | Total                            |       | Minus                              | .. =          |
| Independent                                    |                                  | Minus | ... =                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=           |                |
| X40=             |                | OR X80=             |                |
| +135=            |                | OR +270=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.